

FOOD STAMP MID-QUARTER STATUS REPORT**INSTRUCTIONS:**

Use this form to report ABAWD and/or address changes that have occurred since your last Quarterly Report (QR 7).

Use this form to report changes you think will increase your food stamp benefits, please provide proof, such as, pay stubs; copies of checks; letters from agencies, etc.

If you are reporting changes in expenses, please provide proof, such as, receipts; canceled checks, paid invoices; etc.

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Worker:

Phone:

MANDATORY ABAWD INFORMATION

Answer for any Able-Bodied Adult without Dependents (ABAWD) in your household:

The number of hours worked or in training dropped from 20 hours a week or 80 hours a month to _____ hours a week or _____ hours a month.

In the week(s) of _____

In the month(s) of _____

Name of Person(s) _____ Relationship to You _____

Explain What Happened _____

CHANGE OF ADDRESS

NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD, ETC.) _____ CITY _____ STATE _____ ZIP CODE _____ NEW PHONE _____

DATE MOVED _____ NEW MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS) _____ CITY _____ STATE _____ ZIP CODE _____

ARE YOU GETTING FREE RENT AT THE NEW ADDRESS YOU HAVE LISTED?

☐ YES ☐ NO, IF NO, AMOUNT OF RENT \$ _____

ARE YOU GETTING FREE UTILITIES AT THE NEW ADDRESS YOU HAVE LISTED?

☐ YES ☐ NO, IF NO, AMOUNT OF UTILITIES\$ _____

VOLUNTARY INFORMATION (All household/s Assistance Units)

I would like to report the following information: _____

CERTIFICATION

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And, I may be charged with committing a felony if more than \$400 in food stamp benefits is wrongly paid out.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:

Head of household, household member or the household's authorized representative.

Signature or Mark

Date Signed

Home Phone

Contact Phone

Signature of Spouse or other Parent of Cash Aided Children, Adult Household Member or Authorized Representative

Date Signed

Signature of Witness to Mark, interpreter or other person completing form

Date Signed